

STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF NATURAL RESOURCES

JEFFREY R. VONK, DIRECTOR

Date: 6/1/06

To: OHV Project Sponsors

From: David Downing

RE: All-Terrain Vehicle Grant Application (October 2006)

Attached is the application for the October 2006 cost-share program.

If you have an outstanding grant that hasn't been extended and is more than sixty days past the project end date as stated in the grant approval letter, you are not eligible for more grant money. In order to be eligible, you will need to submit closeout paperwork to Kathleen Moench or request that the original grant be extended. It is your responsibility to insure that your grant has been extended. If you fail to extend the grant, the funds may be directed back into the cost-share account for future projects.

If you have any questions regarding the application, please call me at 515 281-3449. Remember, applications are due in my office on or before October 1, 2006. Applications received after the deadline will be returned to the submitting sponsor and shall not be considered for cost-share funding during the current grant cycle.

2006 OCTOBER ATV PROJECT APPLICATION

* *	itutes a formal request fo	1		*
	le Facility. The <u>original original ori</u>			_
considered for fundir	yed by the Iowa Depart	ment of Natural F	resources by Octor	er 1, 2000 to be
Return to:	Mr. David L. Downin ATV Program Manag Department of Natura Wallace State Office Des Moines, Iowa 50 Phone: 515/281-344	ger al Resources Building 0319-0034		
Submitted By:				
			Date:	//
Agency or Club Name				
Street or P.O. Box		City	State	Zip
Signature of Chairperso	on or President	Printed Na	ame of Chairperson	or President
(H)(W)				
Phone Numbers		E-mail		
Alternate Contact Infor	mation (include name, ad	dress, telephone & e	-mail information)	
If more than one agence information for the sec	cy or organization is invol	lved with this projec	t, please complete th	e required
Agency or Club Name				
Street or P.O. Box	City	State	Zip	
Signature of Chairperso (H)(W)		Printed N	ame of Chairperson	or President
Phone Number		E-mail		
Alternate Contact Infor	mation (include name, ad	dress, telephone & e	-mail information)	
Type of Project: Acqu	nisition Develop	ment Mai	ntenance & Operation	ons
Name of Area:				
Location of Area: County	Section,	Township	N, Rangeo	of the 5th P.M.
FOR DEVELOPMEN	T OR MAINTENANCE	PROJECTS ONLY		

Project site control: (check one) Fee Title _____ Lease ____ Easement ____ Management Agreement ____ Expiration date of lease, easement or agreement: _____

IN ORDER TO BE CONSIDERED FOR FUNDING, THE GRANT REVIEW AND SELECTION COMMITTEE WILL NEED THE FOLLOWING ITEMS

- (A) Brief narrative describing the work to be done and an anticipated work schedule. Photographs of proposed project areas are encouraged to provide more detail.
- (B) Itemized breakdown of materials list. This list should include construction materials for trail work. It should also include fuel, parts and other similar expenses needed to operate and maintain equipment. Include the amount requested for each material. All material list for purchases over \$500 should include (3) bid prices whenever possible.
- (C) Itemized breakdown of labor expenses to include the type of project or maintenance activity being performed with the amount requested for each activity.
- (D) Contract items. Describe the service to be provided in detail (trail work, road / parking area work, equipment work, law enforcement services or other contract labor) Include the terms of the contract and the amount requested for each contracted item. For contracted projects, it is the grant applicant's responsibility to obtain a minimum of (3) bids. Remember, you will be responsible for sales tax, so if the bid doesn't account for this, make sure you've requested enough to cover for it.
- (E) Equipment purchase / lease. Indicate the type of equipment to be leased or purchased and the work the equipment will be completing. Include the price of the equipment with (3) supporting bids for equipment purchases. For lease, include the conditions of the lease (if known) and the supplier of the equipment.
- (F) Other. If you are requesting funding for any other expense. List these requests here. Be specific with the amount listed for each item requested.
- (G) Prepayment. If you are requesting prepayment and are not a political subdivision of the state, the chairperson and treasurer of your organization need to be bonded before a prepayment check can be awarded.

Total request for item "B"	\$	
Total request for item "C"	\$	
Total request for item "D"	\$	
Total request for item "E"	\$	
Total request for item "F"	\$	
TOTAL GRANT REQUEST (add items B,C,	,D,E & F) \$	

Please be sure to provide enough information with the application to describe what development activities will be taking place; including the amount and cost of materials. If there is additional information that you think will help the grant review and selection committee in explaining your group's needs, please include it. Maps and other supporting documents are encouraged by the review and selection committee.

Iowa Department of Natural Resources

ATV Trail Sign Order Form See next page for signs

Club Contact:							
Shipping Address (NO PO Box):							
City:		State:	Zip Code:				
Phone:	Em	ail:					
tem #	Sign Description	Quantity	Sign Price	Total Cos			



